

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

PREAMBLE

- 1. Sections Affected**
R9-25-802
- Rulemaking Action**
Amend
- 2. The specific authority for rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statutes: A.R.S. §§ 36-136(F), 36B2202(A), 36- 2205(C), and 36-2209(A)
Implementing statute: A.R.S. § 36-2205(A)
- 3. The effective date of the rule:**
February 15, 2001
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**
None
- 5. The name and address of agency personnel by whom persons may communicate regarding the rulemaking:**
Name: Kathleen Phillips
Address: Arizona Department of Health Services, Office of Administrative Rules
1740 West Adams, Suite 102
Phoenix, AZ 85007
Telephone: (602) 542-1264
Fax: (602) 364-1150
or
Name: Judi Crume, Bureau Chief
Address: Arizona Department of Health Services, Bureau of Emergency Medical Services
1651 East Morten, Suite 120
Phoenix, AZ 85020
Telephone: 602-861-0708
Fax: 602-861-9812
- 6. An explanation of the rule, including the agency's reason for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**
The rulemaking updates the protocol to conform the medical treatments, procedures, and techniques that can be performed by and the medications that can be administered by an Arizona certified intermediate emergency medical technician or paramedic to recently updated training courses.
The rule amendment was reviewed by the Department's two citizen advisory groups, the Emergency Medical Services Council and the Medical Direction Commission, and is recommended by the Medical Director of the Bureau of Emergency Medical Services.
A.R.S. § 36-2205(C) exempts this protocol from the provisions of A.R.S. Title 41, Chapter 6.
- 7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable

8. The summary of the economic, small business and consumer impact:

A.R.S. § 36-2205(C) provides exemption from the provisions of A.R.S. Title 41, Chapter 6.

9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

10. A summary of the principal comments and the agency response to them:

Not applicable

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

12. Incorporation by reference and their location in the rules:

The following are incorporated by reference in R9-25-802:

Arizona EMT-Intermediate Transition Course, February 15, 2002, available from the Department of Health Services, Bureau of Emergency Medical Services.

Arizona Advanced Life Support Refresher Course, February 15, 2002, available from the Department of Health Services, Bureau of Emergency Medical Services.

Arizona EMT-Intermediate Curriculum, September 1, 2001, available from the Department of Health Services, Bureau of Emergency Medical Services.

Arizona EMT-Paramedic Curriculum, September 1, 2001, available from the Department of Health Services, Bureau of Emergency Medical Services.

13. Was this rule previously adopted as an emergency rule?

No

14. The full text of the rule follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

ARTICLE 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

Section

R9-25-802. Emergency Medical Technician's Scope of Practice

ARTICLE 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-802. Emergency Medical Technician's Scope of Practice

An emergency medical technician shall perform a medical treatment, procedure, or technique and administer a medication only:

1. Under administrative medical direction or medical direction as required in A.R.S. Title 36, Chapter 21.1;
2. For a basic emergency medical technician, as prescribed in the:
 - a. Arizona Basic Life Support Curriculum, July 22, 1994, incorporated by reference in R9-25-303 (B)(1)(a);
 - b. Arizona Basic EMT Refresher Curriculum, July 22, 1994, incorporated by reference in R9-206 ((I)(6)(c); or
 - c. Special Skills Curriculum, July 22, 1994, incorporated by reference in R9-25-303 (B)(1)(b);
3. For an intermediate emergency medical technician, as prescribed in the:
 - a. Arizona Advanced Life Support Curricula, July 22, 1994, incorporated by reference in R9-25-403 (B)(1) and advanced training curricula incorporated by reference in R9-25-206 (I)(6);
 - b. Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services; ~~or~~
 - c. Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services;
 - d. ~~The Arizona Advanced Life Support Refresher and Challenge Curricula, July 22, 1994, incorporated by reference in R9-25-206 (I)(6)(b); or~~
 - e. Arizona Advanced Life Support Refresher Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services;
4. For a paramedic, as prescribed in the:

- a. Arizona Advanced Life Support Curricula, July 22, 1994, incorporated by reference in R9-25-403 (B)(1) and advanced training curricula incorporated by reference in R9-25-206 (I)(6);
 - b. Arizona EMT-Paramedic Curriculum, September 1, 2001, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services; ~~or~~
 - c. ~~The Arizona Advanced Life Support Refresher and Challenge Curricula, July 22, 1994, incorporated by reference in R9-25-206 (I)(6)(b); and or~~
 - d. Arizona Advanced Life Support Refresher Course, February 15, 2002, incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments, and available from the Department's Bureau of Emergency Medical Services; and
5. According to protocols established in 9 A.A.C. 25, Article 8.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ARIZONA LONG-TERM CARE SYSTEM

PREAMBLE

1. **Sections Affected**
R9-28-1105
- Rulemaking Action**
Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: A.R.S. § 36-2932(M)
Implementing statute: Laws 2001, Chapter 344
3. **The effective date of the rules:**
October 1, 2001
4. **A list of all previous notices appearing in the Register addressing the exempt rule:**
Not applicable
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Cheri Tomlinson, Federal and State Policy Administrator
Address: AHCCCS, Office of Policy Analysis and Coordination
801 East Jefferson, Mail Drop 4200
Phoenix, AZ 85034
Telephone: (602) 417-4198
6. **An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**
AHCCCS is amending R9-28-1105(H) and (I) to reflect the language agreed upon during the public comment period and hearing. The final language, published October 1, 2001, contains language in the Sections previously noted, which is applicable to Chapter 22, not Chapter 28. Subsection (H) now reflects the previous language in R9-28-1105(D), which should have been renumbered and not struck. Subsection (I) now reflects changes agreed upon to the original language in R9-28-1105(E). AHCCCS is exempt from the rulemaking requirements under Title 41, Chapter 6, of the Arizona Revised Statutes under Laws 2001, Ch. 344, § 113.
7. **A reference to any study that the agency relied on in its evaluation of or justification for the rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**
Not applicable
8. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
9. **The summary of the economic, small business, and consumer impact:**
Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

11. A summary of the principal comments and the agency response to them:

AHCCCS is amending R9-28-1105(H) and (I) to reflect the language agreed upon during the public comment period and hearing. The final language, published October 1, 2001, contains language in the Sections previously noted, which is applicable to Chapter 22, not Chapter 28. Subsection (H) now reflects the previous language in R9-28-1105(D), which should have been renumbered and not struck. Subsection (I) now reflects changes agreed upon to the original language in R9-28-1105(E).

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

Not applicable

14. Was this rule previously adopted as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 28. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

ARIZONA LONG-TERM CARE SYSTEM

ARTICLE 11. BEHAVIORAL HEALTH SERVICES

Section

R9-28-1105. Scope of Behavioral Health Services

ARTICLE 11. BEHAVIORAL HEALTH SERVICES

R9-28-1105. Scope of Behavioral Health Services

A. No change

1. No change
 - a. No change
 - b. No change
2. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - vii. No change
 - viii. No change
 - c. No change

B. No change

1. No change
2. No change
3. No change
 - a. No change
 - b. No change
 - i. No change
 - ii. No change
 - iii. No change
 - iv. No change
 - v. No change
 - vi. No change
 - vii. No change

- viii. No change
- 4. No change
 - a. No change
 - b. No change
 - c. No change
- C.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
 - 4. No change
 - a. No change
 - b. No change
 - c. No change
 - 5. No change
- D.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
- E.** No change
 - 1. No change
 - 2. No change
 - 3. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - g. No change
 - h. No change
- F.** No change
 - 1. No change
 - 2. No change
- G.** No change
 - 1. No change
 - a. No change
 - b. No change
 - c. No change
 - d. No change
 - e. No change
 - f. No change
 - 2. No change
 - a. No change

- i. No change
- ii. No change
- iii. No change
- iv. No change
- v. No change
- vi. No change
- vii. No change
- viii. No change
- ix. No change
- x. No change
- b. No change

~~H. Behavioral health emergency services. The following emergency services are covered subject to the limitations and exclusions in this Article.~~

- ~~1. A RBHA shall ensure that behavioral health emergency services are provided by the qualified personnel under A.A.C. R9-22-1206. The emergency services shall be available 24 hours per day, seven days per week in the RBHA's service area in emergency situations when a member is a danger to self or others or is otherwise determined in need of immediate unscheduled behavioral health services. Behavioral health emergency services may be provided on either an inpatient or outpatient basis.~~
- ~~2. A contractor shall provide behavioral health emergency services under A.A.C. R9-22-210(D) on an inpatient basis not to exceed three days per emergency episode and 12 days per contract year, for a member not yet enrolled with a RBHA.~~
- ~~3. An inpatient emergency service provider shall verify the eligibility and enrollment of a member through the Administration to determine the need for notification to a contractor or a RBHA and to determine the party responsible for payment of services under Article 7.~~
- ~~4. Behavioral health emergency service limitations:~~
 - ~~a. An emergency behavioral health service does not require prior authorization. The provider shall, however, comply with the notification requirements under A.A.C. R9-22-210.~~
 - ~~b. A behavioral health service for an unrelated condition, that requires evaluation, diagnosis, and treatment shall be prior authorized by a RBHA.~~

~~I. Other behavioral health services. Other behavioral health services include:~~

- ~~1. Case management under A.A.C. R9-22-1201;~~
- ~~2. Laboratory and radiology services for behavioral health diagnosis and medication management;~~
- ~~3. Psychotropic medication and related medication;~~
- ~~4. Medication monitoring, administration, and adjustment for psychotropic medication and related medications;~~
- ~~5. Respite care;~~
- ~~6. Therapeutic foster care services provided in a family foster home under 6 A.A.C. 5, Article 58 or adult therapeutic foster home under 9 A.A.C. 20 Articles 1 and 15;~~
- ~~7. Personal assistance; and~~
- ~~8. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.~~

H. Behavioral health emergency services. The following emergency services shall be covered subject to the limitations and exclusions in this Article.

- 1. Behavioral health emergency services may be provided on either an inpatient or outpatient basis. A contractor shall ensure services are provided by the qualified personnel specified in R9-28-1106. The emergency services shall be available 24 hours per day, 7 days per week in the contractor's service area in situations when a member is a danger to self or others or is otherwise determined in need of immediate unscheduled behavioral health services.
- 2. An inpatient emergency service provider shall verify the eligibility and enrollment of a member through the Administration to determine the need for notification to a contractor, and to determine the party responsible for payment of services under Article 7.
- 3. Prior authorization for a consultation provided by a psychiatrist, a certified psychiatric nurse practitioner, a physician assistant, or a psychologist is not required if necessary to evaluate or stabilize a behavioral health emergency.
- 4. Inpatient behavioral health service limitations as specified in this Section apply to emergency services provided to a member on an inpatient basis.

I. Other behavioral health services. Other behavioral health services include:

- 1. Laboratory and radiology services for behavioral health diagnosis and medication management;
- 2. Psychotropic medication and related medication;
- 3. Medication monitoring, administration, and adjustment for psychotropic medication and related medications;
- 4. Respite care as defined in R9-28-1101;
- 5. Therapeutic foster care;

6. Personal assistance; and

7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.

J. No change

1. No change

2. No change